

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF NORTH CAROLINA
Civil Action No. 1:17-cv-00854-TDS-LPA

REBECCA KOVALICH and SUZANNE)
NAGELSKI,)

Plaintiffs,)

v.)

PREFERRED PAIN MANAGEMENT &)
SPINE CARE, P.A., DR. DAVID SPIVEY,)
individually, and SHERRY SPIVEY,)
individually.)

Defendants.)

Exhibit 29

CONFIDENTIAL

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): 435-2016-00643	
		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
_____ and EEOC			
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) _____		Home Phone (Incl. Area Code) _____	Date of Birth _____ 1972
Street Address _____		City, State and ZIP Code _____	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name PREFERRED PAIN MANAGEMENT		No. Employees, Members 15 - 100	Phone No. (Include Area Code) (336) 354-4420
Street Address 1511 Westover Terrace, Greensboro, NC 27408		City, State and ZIP Code	
Name _____		No. Employees, Members _____	Phone No. (Include Area Code) _____
Street Address _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 06-03-2016 06-15-2016 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): On or around July 2015, I was hired as a temp Certified Medical Assistant (CMA). On or around November 7, 2015, I was hired as a permanent CMA. On or around June 3, 2016, the Clinical Supervisor (45) and the Human Resources Manager (approximately 42) disciplined me for patient complaints and told me I had 30 days to correct the behavior. On or around June 15, 2016, I was discharged because allegedly there had been more patient complaints, although I was never told what those complaints were nor given an opportunity to correct the behavior. The majority of employees discharged in the past six months were within my protected category and have been replaced with younger employees. I believe I have been discriminated against and discharged based on my age (43) in violation of the Age Discrimination Employment Act of 1967, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date Jun 30, 2016		Charging Party Signature _____	

DEFENDANTS000663